

FILED  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
PARIS DIVISION

AUG 30 1995

DAVID J. MADON, CLERK

BY  
DEPUTY

LINDA FREW, et al.

Plaintiffs,

v.

MICHAEL MCKINNEY, et al.

Defendants.

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CIVIL ACTION NO. 3:93CV65

JOINT NOTICE CONCERNING  
OUTCOMES MEASURES

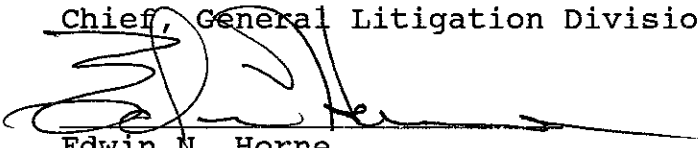
The parties have agreed on eleven outcomes measures, as required by Paragraph 293 of the proposed Consent Decree. The measures are attached as Exhibit 1 to this Notice.

Respectfully submitted,

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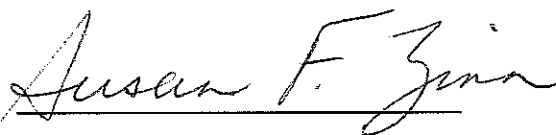
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## TEXAS EPSDT PROGRAM PERFORMANCE OUTCOMES

### *Based on Healthy People 2000*

Healthy People 2000 is a statement of goals for the health of the nation in the year 2000. It was developed after extensive national debate and research. Quoted statements in this list are taken directly from Healthy People 2000. The proposed Texas EPSDT outcomes measures, required by the Consent Decree Paragraph 293, are stated immediately under the Healthy People 2000 quotes.

1. Immunizations - Based on HP2000 Objective 20.11, pg.521 - "Increase immunization levels as follows: Basic Immunization series among children under age 2: at least 90 percent."

Proposed Texas EPSDT goal#1: First, TDH will determine baseline levels of the basic immunization series for Texas' children and EPSDT recipients <2 years and completion of recommended <sup>1</sup>immunizations for EPSDT recipients at 14 years of age, including ethnic/racial subpopulations. Second, TDH will develop recommendations for the state to achieve and maintain improved immunization levels including the ethnic/racial subpopulations.

<sup>1</sup>Guidelines recommended by the Advisory Committee for Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP).

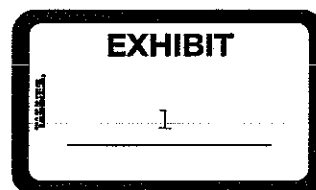
2. Vision - Based on HP2000 Obj.17.15, pg.463 - "Increase to at least 80 percent the proportion of providers of primary care for children who routinely refer or screen infants and children for impairments of vision, ... and assess other developmental milestones as part of well child care."

Proposed Texas EPSDT goal #2: TDH will identify the methodology to establish the baseline proportion of providers who refer or screen EPSDT infants and children for vision impairments. Then TDH will recommend goals to achieve and maintain reasonable rates for referral or screening of vision impairments.

Proposed Texas EPSDT goal #2a: The parties will agree to proxy diagnoses of vision impairment for specific ages of children which have clear practice guidelines for treatment. TDH will monitor the proportion of infants and children who receive appropriate treatment for identified vision impairments.

3. Development milestones - Based on HP2000 Obj. 17.15, pg. 463 - See #2 above.

Proposed Texas EPSDT goal #3: First, the parties will agree to selected development milestones for measurement. TDH will identify the methodology to establish the baseline proportion of providers of primary care who routinely refer or assess EPSDT infants and children for selected developmental milestones. Then, TDH will monitor the proportion of infants and children who receive screens for selected developmental milestones. TDH will also monitor the proportion of infants and children with selected, identified developmental delays who receive appropriate treatment.



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4. Hearing - Based on HP2000 Obj.17.16, pg. 464 - "Reduce the average age at which children with significant hearing impairment are identified to no more than 12 months."

Proposed Texas EPSDT goal #4: First, TDH will establish the baseline ages for identifying children with significant congenital hearing impairment in Texas including ethnic/racial subgroups. Second, TDH will recommend reasonable goals to achieve and maintain regarding identifying EPSDT children with hearing impairment.

Proposed Texas EPSDT goal #4a: TDH will identify the methodology and ages at which follow-up data on children with selected diagnoses (causes of congenital hearing impairment) will be collected to determine whether they received appropriate amplification devices, as an evaluation of the program's success in getting children into necessary treatment for hearing impairment.

5. Lead - Based on HP2000 Obj. 11.4, pg. 319 - "Reduce the prevalence of blood lead levels exceeding 15 ug/dL . . . among children aged 6 months through 5 years to no more than 500,000 and zero, respectively."

Proposed Texas EPSDT goal #5: First, TDH will establish the prevalence rates of blood lead levels exceeding 15 ug/dL among EPSDT children at ages 12 and 24 months and at 5 years including among ethnic/racial subpopulations. Second, TDH will establish prevalence goals of blood lead levels exceeding 15 ug/dL for EPSDT children at 12 and 24 months including among ethnic/racial subpopulations..

Proposed Texas EPSDT goal #5a: TDH will re-evaluate the blood lead levels of EPSDT children at 24 months who had high lead levels at 12 months ( $> 15$  ug/dL) to evaluate the effectiveness of the program.

6. Pregnant Teens - Based on HP2000 Obj. 14.11, pg. 381 - "Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy."

Proposed Texas EPSDT goal #6: First, TDH will determine the proportion of all pregnant EPSDT recipients who receive prenatal care in the second <sup>2</sup>and third trimesters of pregnancy, including ethnic/racial subpopulations. Second, TDH will recommend goals to achieve and maintain improving proportions of pregnant EPSDT recipients in all ethnic/racial subpopulations who receive prenatal care in the second and third trimesters.

<sup>2</sup>Please note the HP2000 goal was based on all pregnant women and thus a first trimester goal was appropriate. Since pregnant EPSDT recipients are primarily young teens, the goal has been adjusted to the second and third trimester care.

7. Pregnant Teens and Infants - Based on HP2000 Obj. 14.14, pg. 383 - "Increase to at least 90 percent the proportion of pregnant women and infants who receive risk-appropriate care. (Note: this objective will be measured by tracking the proportion of VLBW [i.e.  $< 1,500$  gm])

infants born in facilities covered by a neonatologist 24 hours a day)".

Proposed Texas EPSDT goal #7: First, TDH will determine the proportion of pregnant EPSDT recipients and their VLBW infants, including ethnic/racial subpopulations who receive risk-appropriate care as defined above. Second, TDH will recommend goals to achieve improved proportions of risk-appropriate care for pregnant EPSDT recipients and their VLBW infants as a whole population and by ethnic/racial subpopulations.

8. Nutrition - Based on HP2000 Obj. 2.4, pg. 116 - "Reduce growth retardation among low-income children aged 5 and younger to less than 10 percent."

Proposed Texas EPSDT goal #8: First, TDH will establish the methodology to determine the proportion of growth retardation among EPSDT children between 12 and 18 months, and at 3 to 4 years, by ethnic/racial subpopulations. Second, TDH will recommend goals to decrease the proportion of growth retardation in subsequent cohorts of EPSDT children.

9. Nutrition - Based on HP2000 Obj. 2.10, pg. 122 - "Reduce iron deficiency to less than 3 percent among children aged 1 through 4 and among women of childbearing age."

Proposed Texas EPSDT goal #9: First, TDH will establish the methodology to determine the rates of iron deficiency anemia in EPSDT infants, children and teens, including data for ethnic/racial subpopulations and gender. Second, TDH will recommend goals to achieve reduced rates of iron deficiency anemia in EPSDT infants, children and teens, including by ethnic/racial subpopulations and gender.

10. Mental Health - Based on HP2000 Obj. 6.3 - "Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents."

Proposed Texas EPSDT goal #10: First, TDH in collaboration with TDMHMR, the Mental Health Authority of Texas, will work with state of the art national efforts to identify selected mental health measures including at least one for the teen age group. These measures will be agreed to by the plaintiff attorneys. Second, TDH/TDMHMR will develop the methodology to determine whether primary care providers are screening for these selected mental health measures in EPSDT recipients and providing appropriate referrals.

11. Asthma - Based on HP2000 Obj. 11.1b, pg. 317 - "Reduce asthma morbidity, as measured by a reduction in asthma hospitalizations to no more than 160 per 100,000 people."

Proposed Texas EPSDT goal #11: First, TDH will determine the methodology to establish baseline data for asthma hospitalizations in EPSDT recipients including the ethnic/racial subpopulations. Second, TDH will recommend goals to reduce the asthma hospitalizations for EPSDT recipients, including in ethnic/racial subpopulations.